



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691
www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

September 26, 2013

Corinne P. Glover
Santa Clarita Ballet Academy, LLC
26798 Oak Avenue
Santa Clarita, CA 91351

HEARING ON APPLICATION FOR ANNUAL DANCE/SC BUSINESS LICENSE ID #140272

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, October 9, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....09/19/2013
2ND PUBLISHING DATE:.....09/26/2013
3RD PUBLISHING DATE:.....10/03/2013

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

ANNUAL DANCE/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....26798 OAK AVE
SANTA CLARITA, CA 91351
NAME OF APPLICANT:.....SANTA CLARITA BALLET ACADEMY LLC/
CORINNE P. GLOVER
SANTA CLARITA BALLET ACADEMY LLC
DATE OF HEARING:..... 10/09/2013
TIME OF HEARING:.....09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$1,668.00

ID # 140272

BUSINESS INFORMATION

Type of Business: (8298) Dance	Address of Business: 26798 OAK AVE Santa Clarita 91351 Business Telephone: 661 251 6844	
DBA (Business Name): Santa CLARITA Ballet Academy L.L.C.	Mailing Address: 26798 OAK AVE Santa CLARITA CA 91351	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 7-25-2008	Incorporated in the State of: CALIFORNIA	
Exact Corporate Name: Santa CLARITA Ballet Academy LLC		
Names of Officers	Addresses	Titles
Corinne Glover		TRUSTEE
Albert Glover		TRUSTEE

APPLICANT INFORMATION

Applicant's Full Name: Corinne Glover		
Home Address:		
Home Telephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date:
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: ' ' Weight: ' "	Hair Color: / Eye Color: /

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 4-22-2013 Applicant's Signature: Corinne Glover
Application taken by: MB Date: 4-22-13



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

TELEPHONE: (661) 251-6844

OWNER OF BUSINESS: CORINNE P GLOVER

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA BALLET ACADEMY

MAILING ADDRESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
• <input checked="" type="checkbox"/> 3. Building & Safety	YES	08/27/13	dmiles
• <input checked="" type="checkbox"/> 4. Fire Department	YES	06/26/13	dmiles
<input type="checkbox"/> 5. Public Health			
• <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	06/11/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
• <input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	04/26/13	dmiles
<input type="checkbox"/> 10. Weights and Measures			
• <input checked="" type="checkbox"/> 11. Publishing	YES	09/19/13	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
• <input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	05/08/13	dmiles

Conditions:

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

TELEPHONE: (661) 251-6844

OWNER OF BUSINESS: CORINNE P GLOVER

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA BALLET ACADEMY

MAILING ADDRESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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BUILDING & SAFETY

SANTA CLARITA

*owner must post sign: "Maximum occupancy 49"



APPROVAL



DENIAL

RECOMMENDATION:

Permit records indicate the buildings
type of construction is consistent with the
use and occupancy of a dance studio.

SIGNATURE:

Deanna Hammick

DATE:

8/27/13

BASIC LICENSE NO. 8298

DATE 08/08/13

IDENTIFICATION NUMBER 140272

May-08-2013 01:22pm From-LACOFD FIRE MARSHAL

3238904055

T-521 P.003/010 F-465

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

104

BUSINESS LICENSE
APPLICATION REFERRAL

NRSC

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

TELEPHONE: (661) 251-6844

OWNER OF BUSINESS: CORINNE F GLOVER

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA BALLET ACADEMY

MAILING ADDRESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 8298

DATE 04/23/13

IDENTIFICATION NUMBER 140272

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

TELEPHONE: (661) 251-6844

OWNER OF BUSINESS: CORINNE P GLOVER

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA BALLET ACADEMY

MAILING ADDRESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**TREASURER & TAX COLLECTOR
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 6-11-13

ZONING REFERRAL

I.D. #: 140272

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355
FAX # (661) 945-3512

DATE: 4-22-13

TYPE OF BUSINESS(ES) Dance

ADDRESS OF BUSINESS

CITY Santa Clarita CA ZIP CODE 91351

NAME OF OWNER Corinne Grover-Santa Clarita Ballet Academy LLC

"DBA" _____ TEL. #: _____

MAILING ADDRESS

26798 Oak Ave
Santa Clarita CA 91351

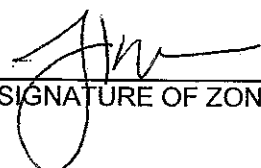
EXISTING USE YES (☒) NO (☐)

USE PERMITTED IN ZONE
"APPROVED"

Approved

USE NOT PERMITTED IN ZONE
"DENIED"

REMARKS _____


SIGNATURE OF ZONING OFFICER

4/22/13
DATE

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

V
Veronica
913-00631

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26798 OAK AVE, SANTA CLARITA, CA 91351

TELEPHONE: (661) 251-6844

OWNER OF BUSINESS: CORINNE P GLOVER

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA BALLET ACADEMY

MAILING ADDRESS: ~~26798 OAK AVE, SANTA CLARITA, CA 91351~~

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

✓ APPROVAL

DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

Wp 53647

DATE:

5/7/13

BASIC LICENSE NO. 8298

DATE 04/23/13

IDENTIFICATION NUMBER 140272

4/25

PK